REQUEST TO STOCK NEW LINE ITEMS For use of this form, see DA PAM 30-22; the proponent agency is DCS, G4.			
1. DATE (YYYYMMDD)	(YMMDD) 2. TO: ACCOUNT MANAGER, DSCP		3. PRIME VENDOR REPRESENTATIVE
4. REQUEST YOU STOCK THE FOLLOWING ITEM		5. ITEM IS FOR USE I	BY (Installation(s))
6. DSCP CATALOG NUM	BER		
7. ITEM DESCRIPTION			
a. MANUFACTURER		t	b. MANUFACTURER'S SKU IF KNOWN
c. UNIT OF ISSUE		d. BRAND NAME	
8. ESTIMATED WEEKLY USE (Estimate number of cases. Estimate does not commit installation to purchasing this number of cases; is an estimate only.)		9. WILL CATALOGING ITEM ALREADY IN YO	
		L	YES NO
10. IF YES, IDENTIFY THE STOCK NUMBER OF THE ITEM FOR WHICH USAGE WILL BE REDUCED		11. IF YES, PROVIDE	THE ITEM DESCRIPTION
12. COMMENTS (Include	statement as to whether this stock number	is required to support a	commercial conceμι.)
13. REQUESTED BY (Food Program Manager)		1	14. DATE (YYYYMMDD)
NOTE: Provide a copy of this request to both your DSCP and prime vendor account managers simultaneously to expedite stockage of the items desired.			